

FY23 Mental Health Block Grant (MHBG) Application

Draft For Public Comment

(Part 3 of 3)

Aloha! You are viewing Part 3 – ADVISORY COUNCIL

Below are drafted responses to required questions in the MHBG application concerning the ADVISORY COUNCIL. Please review the drafted responses. Your feedback, edits/corrections, or questions may be submitted via this [FY 2023 MHBG application feedback form](#) no later than Friday, August 26, 2022.

III. Environmental Factors and Plan – State Behavioral Health Planning Advisory Council

1. How was the Council involved in developing and reviewing the State plan and report? Please attach supporting documentation (meeting minutes, letters of support).

Last year's MHBG Plan Application, including response to this, is available in <https://bgas.samhsa.gov>. The supporting documentation for this FY23 application will be submitted after the September 13, 2022 meeting of the State Council on Mental Health (SCMH), the State's Advisory Council for MHBG purposes.

1. a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment, and recovery services?

Organization. The Alcohol and Drug Abuse Division (ADAD) leads in planning and implementing substance misuse prevention, substance use disorder (SUD) treatment, and recovery services. The Adult Mental Health Division (AMHD) leads in planning and implementing mental health services for adults. At the same time, the Child and Adolescent Mental Health Division (CAMHD) focuses on strategic planning to assure early access to a child and adolescent-centered, family-focused, community-based coordination system of care that addresses the children's and adolescents' developmental needs. All divisions, including a Developmental Disabilities Division (DDD), are under the Hawaii State Department of Health's Behavioral Health Administration (BHA).

Plans under BHA and several others outside of its purview (e.g., Hawaii Department of Human Services, Housing and Homelessness services) inform each other and share stakeholder groups. They are bounded by the same socio-economic and environmental determinants.

Process. ADAD utilizes the State procurement and contracting process to direct available Block Grant and State funds to support the provision of services for the substance abuse continuum of care. In planning for substance abuse services, ADAD focuses on four planning areas that are consistent with the State's island counties: Oahu, Hawaii, Maui (which includes the islands of Maui, Molokai, and Lanai), and Kauai.

As required by the State procurement process, ADAD holds request for information (RFI) sessions to obtain community input on substance abuse services that ADAD intends to procure. The information that is acquired through the RFI is incorporated into requests for proposals (RFPs) that ADAD develops and issues in accordance with State procurement procedures. The RFPs also: (1) encompass substance abuse block grant (SABG) requirements for services for specified target groups; (2) reflect existing needs assessment data and other pertinent data sources; and (3) require applicants to substantiate the need for their proposed programs and services and identify their target populations for which services will be provided. ADAD reviews,

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evaluates, and scores the proposals submitted by community-based organizations, and awards service contracts based on the evaluation criteria set forth in the RFP requirements. It usually takes an additional three to four months for contracts to be fully executed.

While procurement and contracting cycles vary depending on the type of service and funding availability, the typical service contract is approximately two to four years. This would generally commit the State to these services for the entire contract period. However, after the first contract year, contract continuation is subject to funding availability, satisfactory performance of contracted services, and the determination by the State that the services are still needed.

As far as long-range planning efforts, the ADAD is also currently revising its state plan for substance abuse in collaboration with the University of Hawaii and various public, private and non-profit sector partners as part of its public dissemination phase to gather feedback on needs, gaps, and opportunities for expansion of the current system of care, and to improve both care coordination and client outcomes.

Hawaii Revised Statutes (HRS) and the Council. The State, by way of Hawaii Revised Statutes (HRS) 329.2, called for the created of a Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS). Members are selected on ability to contribute to solving problems arising from the abuse of controlled substances.

HRS 334.10 requires one member of the HACDACS to be part of the State Council on Mental Health ("Council") and be knowledgeable about the community and the relationship between mental health, mental illness, and substance abuse.

HRS 334.11 requires the creation of county level Service Area Boards (SABs) to provide advice, guidance, and recommendations to both HACDACS and SCMH. It is mandated that the SCMH have one representative from each of the four SABs (Kauai, Maui, Hawaii, Oahu). The mandated activities are looped into meetings of SCMH, HACDACS, and SAB as well as in local Comprehensive Integrated Service Area Plans (CISAP). SCMH meetings allocate agenda time for standing reports from HACDACS and SABs. It is equally important also that members recommend agenda items that bring in speakers and other opportunities for planning inputs.

1. b) Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work? **Yes**

2. Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children?) **Yes**

3. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders and how it has advocated for individuals with SMI or SED. Please indicate areas of technical assistance needed related to this section. Please complete the advisory council members and composition by member type (form provided).

Description of duties and responsibilities

HRS 334-10 mandates the creation of an SCMH to address the following:

- Advise the Department of Health on the allocation of resources, statewide needs, and programs affecting two or more service areas;

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- Review and comment on the statewide comprehensive, integrated service plan; and
- Advocate for adults with serious mental illness, children with serious emotional disturbances, other individuals with mental illnesses or emotional problems, and individuals with combined mental illness and substance abuse disorders.

Its bylaws specifically account for its role as the planning council for MHBG planning and application purposes.

Meaningful input

This starts by having the right members around the table. That is, by meeting state and federal mandates regarding the composition of members. SCMh bylaws spell out that it should formally announce vacancies in October to ensure that the Governor can nominate members that will be vetted further by the State Senate Health Committee during the regular legislative session. Its bylaws spell out the opportunities and ground rules to ensure fairness in gathering meaningful input (e.g., having a member-guided meeting agenda, achieving a quorum at meetings to vote on recommended actions, and orderly meeting conduct that allows for fair input, deliberation, and decision-making). The SCMh agenda and meeting minutes, posted on scmh.hawaii.gov, offer a demonstration of their meaningful input, votes and actions.

Hawaii's Sunshine Laws permits interaction by a smaller number of members to further examine and study topics and recommend SCMh action, such as on issues raised by members who represent family members and consumers. Input become most meaningful when the SCMh can successfully translate them into advocacy materials (e.g., legislative testimonies and non-legislative advocacy letters) and input into planning priorities. The SCMh is required to submit an annual report of its activities to the Governor and Legislature at the onset of the regular legislative session.

Areas of technical assistance

The question of whether or not to transition into a Behavioral Health Council has been on the SCMh's agenda. Exploration of this transition continues with technical assistance provided by SAMHSA Project Officer, State Attorneys General, HACDACS, and stakeholders. It is possible to need technical assistance later along context-responsive solutions.

Advisory Council Members and Their Area(s) of Council Representation

Katherine Aumer – Family member of individuals in recovery/advocate

Antonino Beninato – Youth/adolescent/student representative/advocate

Naomi Crozier – Individual in recovery/advocate

Lea Dias – State employee, DHS Vocational Rehabilitation

Jon Fujii – State employee, Medicare and dual representative for HACDACS

Jeffrey Galon, Jr. – State employee, Judiciary

Heidi Ilyavi – Parent of a child receiving support for emotional and behavioral development (SEBD)

Jackie Jackson – Others/advocates who are not State employees or providers

Chris Knightsbridge – Individual in recovery/advocate

Eileen Lau-James – Family member of individuals in recovery/advocate

Kathleen Merriam – State Employee, DOH Mental Health

Tara Reed – Individuals in recovery/advocate, Maui SAB representative

Jennifer Renfro – State employee, DOE Student Services Branch

Ray Rice – State employee, Social Services, Adult Protective Services

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Richard Ries – Provider representative

Kau'i Seguancia – State employee, DHS Housing

Marian Tsuji – State employee, ex-officio DOH Behavioral Health Administration

Mary Pat Waterhouse – Family member of individuals in recovery/advocate

Total Members = 18

Vacancies = 3 (individuals or family member; non-providers and non-State employees)

Total Individuals in Recovery, Family Members and others = 9/10 or 50%

Total State employees and providers = 9 or 9/18 or 50%

Public Comment Questions

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?

a) Public meetings or hearings?

Yes

b) Posting of the plan on the web for public comment?

Yes

If yes, provide URL:

<https://health.hawaii.gov/amhd/plans/blockgrant/>

If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:

For the full FY2022-2023 application, the public review version and final versions are cited in <https://health.hawaii.gov/amhd/plans/blockgrant/>

c) Other (e.g., public service announcements, print media)

No